

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		/				
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11 50		/				
TOTAL IND.	1					
TOTAL DEP.	130					
TOTAL CLAIMS	131					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/680393

6/24/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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49				/		
50				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
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55		/				
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98		/				
99		/				
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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